

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-015357

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 393

Primary Registration District No. 1002 Registrar's No. 2288

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

VS 300
Rev. 4/59

6008

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DATE AMENDED

INSTEAD OF

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

Giffin F. Simmons MEDICAL CERTIFICATION

FILED APR 29 1963

1. PLACE OF DEATH a. COUNTY CLAY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO. b. COUNTY CLAY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN KANSASCITY, MO.		c. CITY OR TOWN KANSASCITY-19.	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 5502 N. DENVER		d. STREET ADDRESS (If outside, give location) 5502 N DENVER	
3. NAME OF DECEASED (Type or print) ROBERT SINGLETON PERRY		4. DATE OF DEATH 4-13-63	
5. SEX MALE	6. COLOR OR RACE WHITE	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 3-14-1896
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) CONTRACTOR		11. BIRTHPLACE (City and state or country) RAY-COUNTY-MO.	
13a. FATHER'S NAME BENJAMIN PERRY		14. NAME OF HUSBAND OR WIFE DOCIA PERRY	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of) NO.		17. INFORMANT R DOCIA PERRY 5502 N. DENVER	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Viral Pneumonia DUE TO (b) Influenza DUE TO (c) Arteriosclerosis PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	
20c. TIME OF INJURY Hour <input type="checkbox"/> s.m. <input type="checkbox"/> p.m. <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from 4-9-63 to 4-13-63 and last saw him alive on his 4-13-63 Death occurred at 10:10 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Giffin F. Simmons I.D.O.		22b. ADDRESS Oruela Mo	
22c. DATE SIGNED 4-15-63			
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE 4-16-63	
23c. NAME OF CEMETERY OR CREMATORY FAIRVIEW CEMT.		23d. LOCATION (City, town, or county) LIBERTY, MO.	
24. FUNERAL DIRECTOR D.W. NEWCOMERS, SONS N.K.C.		25. DATE RECD. BY LOCAL REG. 4-16-63	
26. REGISTRAR'S SIGNATURE Ruth Long			

USE BLACK INK
OR
TYPEWRITER RIBBON

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed John V. Henrichsen

Licensed Embalmer No. 4848

P. O. Address R. B. 17, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.